



Notice of Intent (NOI)
NPDES General Permit for
Utility Water Discharges SCG250000

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by an NPDES permit issued for Utility Water discharges in a State location identified in Section I of this form. Becoming a permittee obligates such a discharge to comply with all terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE INCLUDED WITH THIS FORM. AN ANNUAL OPERATING FEE OF \$100 IS REQUIRED FOR COVERAGE UNDER THIS PERMIT. See Instructions.

I. Facility/Operator Information

Name of Facility: _____

Facility Site Address: _____

City: _____ State: _____ County: _____ ZIP: _____

Operator Name: _____ Phone: _____

Operator Address: _____

City: _____ State: _____ ZIP: _____ Operator Status: _____

II. Facility Contact Information

Contact Name: _____ Phone: _____

Contact Title: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

III. Site and Discharge Information

A. SIC or Activity Codes: Primary: _____ 2nd: _____ 3rd: _____ 4th: _____

B. Does the facility currently have Utility Water General Permit coverage? Yes, SCG25 No

C. List any other NPDES or ND Permit numbers for the facility: SC SC ND

D. List the type of discharge (once through non-contact cooling water, recirculated non-contact cooling water, air washer water, boiler blowdown, steam condensate, air conditioner condensate, or combination of any of these), the flow (in gallons per day) associated with each discharge, the latitude and longitude (to the nearest 15 seconds), and the name of the receiving water or municipal separate storm sewer-s receiving water to which the discharge flows. List additional discharges on a separate page.

Discharge Type	Flow (gpd)	Latitude			Longitude			Receiving Waters
		Deg	Min	Sec	Deg	Min	Sec	

E. Describe each discharge flow path from the point it exits the system to the point it enters the receiving water (attach a separate sheet if more space is needed). Indicate the type of discharge associated with each description. Please note, if applicable, that easements have been obtained for any conveyances of the discharge not on property of the permittee which are not waters of the State.

F. Locate the facility and each discharge on a U.S. Geological Survey 72 minute quad sheet. An 82 x 11 copy of the portion of the map with the facility and each discharge identified should be submitted with this NOI.

G. For each discharge described in D above, please provide concentrations of the following parameters and indicate whether the data is based on actual sampling results or, if estimated, a source of the estimated value. Data must be representative of the facility's current operation. The average daily value is typically based on an average of the last 365 days of data. In the spaces provided, list any other pollutants believed present and their concentrations. If more than one discharge is present, make copies of the table and provide data for each discharge attached to the NOI.

Type of Discharge:						
Parameter	Maximum Daily Value (include units)		Average Daily Value (include units)		Number of Samples (if based on actual data)	Source of Estimate or Actual Data
Biochemical Oxygen Demand (BOD ₅)						
Total Suspended Solids (TSS)						
Total Residual Chlorine (TRC)						
pH (give high and low in range)						
Temperature (summer)						
Temperature (winter)						
Total Dissolved Solids (TDS)*						

*if boiler blowdown is discharged

H. Describe your sludge disposal method.

G No sludge generated.

G Lagoon or other facility with no routine sludge disposal.

G Disposal at an approved facility, such as a landfill or wastewater treatment facility. Attach letter of approval from the receiving facility.

G Disposal by land application. Indicate ND number, Construction Permit number or other approval by the Department.

I. List any additives used in the utility water systems. Describe their composition, provide aquatic toxicity information and attach Material Safety Data Sheets for each product used. Attach an additional sheet if necessary.

J. Use the space below to bring to the Department's attention any additional information you feel should be considered in the permit decision. Attach an additional sheet if necessary.

IV. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ Title: _____

Signature: _____ Date: _____

INSTRUCTIONS

Notice Of Intent (NOI) For Utility Water Discharges To Be Covered Under the NPDES General Permit SCG250000

Who Must File A Notice of Intent (NOI) Form.

Federal law at 40 CFR Part 122 prohibits point source discharges to a water body(ies) of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. The operator of a facility that has utility water discharges must submit a NOI to obtain coverage under the NPDES General Permit for Utility Water Discharges. If you have questions about whether you need a permit under the NPDES Program, or if you need information as to whether a particular program is administered by EPA or a state agency, contact S.C. DHEC at (803) 898-4300.

Where To File NOI Form.

NOIs must be sent to the following address:

SC Department of Health & Environmental Control
Bureau of Water/NPDES Permit Administration
2600 Bull Street
Columbia, SC 29201-1797

Completing the Form

You must type or print all information. If you have any questions on this form, call S.C. DHEC at (803) 898-4300.

Revisions to a previously-submitted NOI

If there are only changes in name, address, or facility contact person, only Sections I, II and IV of the NOI are required to be completed. The entire NOI should be completed for changes in discharge(s) or discharge characteristics.

Fees

The annual NPDES administration fee of \$100 is required to be submitted with the NOI for coverage of a new facility. The fee applies only those facilities required to sample as identified below in Part III.G. Make check payable to S.C. DHEC and attach to NOI.

Section I: Facility/Operator Information.

Give the legal name and physical address of the facility to be permitted, including city, state, zip and county. If the facility lacks a street address, indicate the state or county Highway number, the nearest town or city, or the quarter section, township, and range (to the nearest quarter section) of the approximate center of the site.

Give the legal name of the person, firm, public organization, or any other entity that operates the facility or site described in this application. The name of the operator may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation, rather than the plant or site manager. Do not use a colloquial name. Enter the complete address and telephone number of the operator.

Operator Status: Enter the appropriate letter to indicate the legal ownership status of the facility.

F=Federal M=Public (other than federal or state)
S=State P=Private

Section II: Facility Contact Information

Enter the name, title and complete address and phone number of the person who is familiar with the operation of the facility and with the facts reported in this NOI and to whom all permitting correspondence should be sent.

Section III: Site and Discharge Information.

- List, in descending order of significance, up to four 4-digit standard industrial classification (SIC) codes that best describe the principal products or services provided at the facility or site identified in Section I.
- Indicate whether the facility is currently covered by the Utility Water General Permit and give the permit number, if applicable.
- List any other NPDES or ND (land application) permits issued for the facility, if applicable.
- List each discharge for which coverage is sought. Actual or estimated flow data should be included for each discharge. If coverage is sought for more than one discharge of the same type, please note that the discharges are distinct. If more space is needed, attach a separate sheet. The following are the stated flow limits for the types of discharges authorized by the General Permit for Utility Water Discharges:
 - Once-through, non-contact cooling water of **500,000 gallons per day (gpd)** on the maximum day or less.
 - Recirculated, non-contact cooling water of **200,000 gpd** on the maximum day or less.
 - Weave room air washer water of **100,000 gpd** on the maximum day or less.
 - Boiler blowdown of **10,000 gpd** on the maximum day or less.
 - Steam condensate of **10,000 gpd** on the maximum day or less.
 - Combined discharges of any of the above not to exceed **500,000 gpd** on the maximum day or less or exceed any individual waste stream flow limits.
 - No limit on Air conditioner condensate.

Give the latitude and longitude (to the nearest 15 seconds) for each discharge and the name of the receiving waters. Name all waters to which discharge is made and which flow into significant receiving waters. For example, if the discharge is made to a ditch which flows into an unnamed tributary which in turn flows into a named river, you should provide the name or description (if no name is available) of the ditch, the tributary and the river.

- Describe the discharge flow path.
- Provide an 82 x 11 copy of the applicable portion of a US Geological Survey 72 minute quad map locating the facility and discharge point(s). The quad sheet name must be provided with the map.
- Sampling data is required to characterize each discharge to be covered by the general permit. The following waste streams are not required to be sampled for the purposes of this NOI:
 - Once-through, non-contact cooling water of **less than 5000 gpd**.
 - Recirculated, non-contact cooling water of **less than 2500 gpd**.
 - Weave room air washer water of **less than 1000 gpd**.
 - Boiler blowdown of **less than 1000 gpd**.
 - Steam condensate of **less than 1000 gpd**.
 - Combined discharges of any of the above less than **2000 gpd**.
 - Air conditioner condensate.
- Describe your facility's sludge disposal.
- List chemical additives used. Attach Material Safety Data Sheets (MSDS) for each product used that is discharged.
- Provide any other relevant information.

Section IV: Certification

Please print the name and title of the authorized person and sign and date in accordance with the following:

Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means: (I) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures:

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipality, State, Federal, or other public facility: by either a principal executive officer or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 1.5 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Manager, Industrial Wastewater Permitting Section, Bureau of Water, S.C. Dept. of Health & Environmental Control, 2600 Bull Street, Columbia, SC 29201-1797.